## LOUISIANA BOARD OF ETHICS

2051024

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

| STATE OF LOUISIANA                | <b>DEC 12</b>  |
|-----------------------------------|--|
| PARISH OF <u>CADDO</u>            |  |
|                                   |  |
|                                   | Montovan Hills Prontocks (M.)  |
| l,Robert T. Green, Jr             | , residing at _Honterey nills Apartments   |
| (Name)                            | , residing at Monterey Hills Apartments  |
| do declare that :                 |  |
| do deciale mac.                   | 1,   |
|                                   |  |
|                                   | is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning                                     |
| on January 1 <sup>st</sup> , 2006 |  |
| (Усат)                            | 2.   |
| •                                 | <b>L</b> .   |
| That I am a Chief Execu           | utive / Board Member / Commissioner (circle one) of the  |
| NORTH CADDO                       | Hospital Service District / Public Trust Authority   |
| (Name)                            |  |
| and have served in this capaci    | ty since September 6, 2001   |
|                                   | (Month) (Day) (Year)   |
|                                   | 3.   |
|                                   | ember, defined by LSA-R.S. 42:1102(13) as his children, the spouses                                    |
|                                   | sters, the spouses of his brothers, the spouses of his sisters, his parents,                           |
|                                   | his spouse, is employed by the described Hospital Service District /                                   |
| Public Trust Authority. The t     | facts of such employment are as follows:   |
| Name of Immediate F               | amily Member: Johnnie F. (Green) Martin  |
|                                   | Family Member: Sister  |
|                                   | mental Services - ES Tech  |
|                                   | h, day, year): <u>August 28, 1991</u>  |
| Applicable Exception              | (check all that apply):  |
|                                   | yed by Hospital Service District / Public Trust Authority for more than                                |
|                                   | ar prior to filer becoming the chief executive or a board member or                                    |
| commi                             | ssioner of the Hospital Service District / Public Trust Authority                                      |
| Canda                             | - in multi   |
|                                   | g in public employment continuously since April 1, 1980, the effective the Code of Governmental Ethics |
| date of                           | The Code of Oovertithental Edition   |
| Hogpite                           | al Service District / Public Trust Authority has a district population of                              |
|                                   | 0 or less and the family member is employed as a licensed physician                                    |
| -                                 | stered nurse.  |
|                                   | $\mathcal{O}$  |
|                                   | 94 - 12 - 12   |
|                                   | 7.00-00  |
|                                   | Signature, Chief Executive, Hospital Board Member or Commissioner                                      |
|                                   | Date of Signature: 12/08/2005  |
|                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |

NOTE: These disclosure statements are due by January 30th of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.